

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000282

FILED
Jul 12, 2006
Secretary of State

Entity Name: FACTOR HEALTH GROUP, LLC

Current Principal Place of Business:

22107 MARTELLA AVE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27-3369
BOCA RATON, FL 334273369

New Mailing Address:

FEI Number: 65-0638388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCMILLEN, WILLIAM E
22107 MARTELLA AVE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAPIRO, GARY L
Address: P.O. BOX 24279
City-St-Zip: CHRISTIANSTED ST.CROIX,USVI, 00824

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GARY L. SHAPIRO

MGR

07/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date